## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

M0351/268908

|   |   | CLAIMS AS                                 | (Column 1)    |                      | (Column 2)                      |                  |   | TYPE         |                        | OR SMALL ENTITY     |              |                        |  |
|---|---|---|---------------|----------------------|---------------------------------|------------------|---|--------------|------------------------|---------------------|--------------|------------------------|--|
| TOTAL CLAIMS  |   |   | 44            |                      |                                 |                  | I | RATE         | FEE                    |                     | RATE         | FEE                    |  |
| FOR   |   |   | NUMBER F      | ILED                 | NUMB                            | ER EXTRA         |   | BASIC FEE    | 370.00                 | OR                  | BASIC FEE    | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 144 minus 20= |                      | . 24                            |                  |   | X\$ 9=       | 216                    | or.                 | X\$18=       |                        |  |
| INDEPENDENT CLAIMS  |   |   | 7 minus 3 =   |                      | • 4                             |                  |   | X42=         | 168                    | OR                  | X84=         |                        |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM PR                             | RESENT        |                      |                                 |                  |   |              | , -                    |                     | .000-        |                        |  |
| * 15  | the difference  | in column 1 is                            | less than ze  | ro ente              | "0" in column 2                 |                  |   | +140=        | 701                    | OR                  | +280=        |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II |   |   |               |                      |                                 |                  |   | TOTAL        | 754                    | OR                  | OTHER        | THAN                   |  |
|   | Ci  | (Column 1)                                | MENDED        |                      | mn 2) (Column 3)                |                  |   | SMALL ENTITY |                        |                     | SMALL ENTITY |                        |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVI | HEST<br>HBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |   | RATE         | ADDI-<br>TIONAL<br>FEE |                     | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | * HI                                      | Minus         | ** 2                 | 14                              | =                |   | X\$ 9=       |                        | OR                  | X\$18=       |                        |  |
|   | Independent   | • 5                                       | Minus         | ***                  | 1                               | -                |   | X42=         |                        | OR                  | X84=         |                        |  |
| لــا  | FIRST PRESE   | NTATION OF MI                             | ULTIPLE DEP   | ENDEN                | T CLAIM                         |                  | ı | +140=        |                        | OR                  | +280=        |                        |  |
| TOTAL OR TO   |   |   |               |                      |                                 |                  |   |              |                        | TOTAL<br>ADDIT. FEE |              |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |               |                      |                                 |                  |   |              |                        |                     |              |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREV          | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE         | ADDI-<br>TIONAL<br>FEE |                     | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus         | **                   |                                 | =                |   | X\$ 9=       |                        | OR                  | X\$18=       |                        |  |
|   | Independent   | *   | Minus         | ***                  |                                 | =                |   | X42=         |                        | OR                  | X84=         |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |               |                      |                                 |                  | J | +140=        |                        | OR                  | +280=        |                        |  |
|   |   |   |               |                      |                                 |                  |   | TOTAL        |                        | OR                  | TOTAL        |                        |  |
|   | (Column 1) (Column 2) (Column 3)  |   |               |                      |                                 |                  |   |              |                        |                     |              |                        |  |
| AMENDMENT C   |   | CLAIMS REMAINING AFTER AMENDMENT          |               | HIG<br>NUI<br>PREV   | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE         | ADDI-<br>TIONAL<br>FEE |                     | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus         | ##                   |                                 | =                |   | X\$ 9=       |                        | OR                  | X\$18=       |                        |  |
|   | Independent   | *   | Minus         | ***                  |                                 | =-               | 1 | X42=         |                        | OR                  | X84=         |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |               |                      |                                 |                  |   | +140=        |                        | OR                  | +280=        |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write *0" in column 3.                 |   |   |               |                      |                                 |                  |   |              |                        |                     |              |                        |  |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |               |                      |                                 |                  |   |              |                        |                     |              |                        |  |